Rate Floor Data

5/30 of 100 of	v	***			777	D CONTROL N	lumber 3060-0986
Block	I - Con	tact Infor	mation				
ROW#	DATA ELEMENT		FORMAT OF REQUESTED DATA		RESPONSE		
1	Carrier Study Area Code			6 numeric digits	270424		
2	Carrier Study Area Name			alpha characters	CenturyTel-SE L	A	
3	Service Provider Identification Number				9 numeric digits	143001584	
4	Residential Local Service Charge Effective Date				mm/dd/yyyy	6/1/2014	
5	Contact Name				alpha characters	Ken Buchan	No. 1
6	Contact Telephone Number (include area code)				9 numeric digits	(318) 362-1538	
7	Sheet number				numeric digit(s)	1	
8	Total Number of Sheets			numeric digit(s)	1		
	Reside	lumn 1 ential Local se Charge	Column 2 State Subscriber Line Charge	2 - Residential L Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	
9	\$	18.50	1	\$ 0.65	NA		
10	\$	18.50	1	\$ 0,65	NA		
11	\$	18,50	1	\$ 0,65	NA		
12	\$	18,50	1	\$ 0.65	NA		
13	\$	18.50	1	\$ 0.65	NA		
14							
15	i i		8894		7		
16							
17							
18							
19			Silv.				
20							
21			232				
22	*						
23		,				- 1000	
24							
25		200	6 (607-67)		2.0		
26	5		37	70407	3.010		
27						e	
28		63					
29							
30				Work and a second		***	
31							
32							
33			3/2	<u> </u>	***		
34					(Notice	0.00	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

· · · · · · · · · · · · · · · · · · ·		
Certification o	f Officer as to the Accuracy of the Data Reported	for the Rate Floor Data
I certify that I am an officer of the re reported ; and, to the best of my kn	eporting carrier; my responsibilities include ensuring the a cowledge, the information reported on this form is accurate.	ccuracy of the actual rate floor data
Name of Reporting Carrier: CenturyTel of S	Southeast Louisiana, LLC d/b/a CenturyLink	
Signature of authorized officer:	100	Date 6/20/14
Printed name of authorized officer: David D. C	ole	
Title or position of authorized officer: Executive	Vice President of Operations Support and Controller	
Telephone number of authorized officer: (318		-
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	7/1/2014